

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the Records below, and to those of Diseases on each of the

Health Department, City of Baltimore.

Permit No. A 62/ Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andrew Frank

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 3 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } 62 Old # 227 S. Ann St

Cause of Death, { First (Primary), Second (Immediate), } Typho malarial Fever

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 24th 1887

Undertaker, Wm. Cicoleau John H. Rehberger M. D.

Place of Business, 1715 Alice Ave Address, #1709 Alice Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. A 622

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 622 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24 - 87

Full Name of Deceased, William Brunk {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 Years, 4 Months, Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give Street and Number.} 1356 South Ave.

Cause of Death, {First (Primary), Cholera Infantum Second (Immediate), }

Duration of Last Sickness, several days

All the above information should be furnished by the Physician.

Place of Burial, 1st German U. M.

Date of Burial, June 25th 1887

{Undertaker, Wm. Nicolais Ernst Strauss M. D. Medical Attendant.

{Place of Business, 1715 Alcega Address, 9 E Montgomery}

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department City of Baltimore.

Permit No.

A 623

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 23^d 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Joseph Bradonus

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

9

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

M. S. A

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

{ Give Street and Number. }

213 St. High st

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Cholera Infantum
3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Anthony's Church

Date of Burial,

June 25th 87

Undertaker,

Peter Brooker

J. D. Gorsuch

M. D.

Medical Attendant.

Place of Business,

1732 W. 32nd St.

Address,

1032 W. 32nd St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

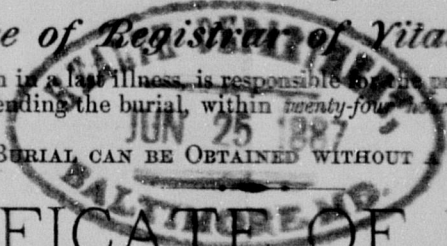
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 624 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 25th 1887
Full Name of Deceased, Harry C. R. Cartwright
Sex, Male or Female, Male
Age, 8 Years, 8 Months, — Days
Color, White
Married, Single, Widow or Widower, Single
Occupation, —
Birth Place, Balto
Duration of Residence in the City of Baltimore, Birth
Place of Death, 1175 Bowen St
Cause of Death, Cholera Infantum
Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill
Date of Burial, June 26
Undertaker, B. Hall
Place of Business, 115 West St Address, Harrison St.
P. C. Lee M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the requirements herein, and to the fact that

Health Department, City of Baltimore.

Permit No. A-625 Office of Registrar of Vital Statistics.

Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, JUN 24th 1887
Full Name of Deceased, Margaret L. Jenkins
Sex, Male or Female, Male
Age, 56 Years, 9 Months, 3 Days.
Color, White

Married, Single, Widow or Widower, Single

Occupation, _____

Birth Place, Orchester County

Duration of Residence in the City of Baltimore, 37 years

Place of Death, No 320 Sharp St

Cause of Death, Cancer of Leg - Melanotic
First (Primary), _____
Second (Immediate), _____

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, June 26/87

Undertaker, Amstutz

Place of Business, 715 Light Address, 511 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to those of Physicians in the City of Baltimore.

Health Department, City of Baltimore.

Permit No. A 626 Office of Registrar of Vital Statistics.

Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DEATH CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Maggie Edlmann (Punt)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 12 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City ✓

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 14. Pultney St

Cause of Death, { First (Primary), Second (Immediate), } Premature Birth (7 months)
Asthemia

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 25th 1887

Undertaker, B. Kastle

Place of Business, West St

J. M. H. H. M. D.

Address, Crescent St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John M. De Gay Inspector

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. A. 627 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 24 1887

Full Name of Deceased, John Savage { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 24 Years, 0 Months, 0 Days.

Color, Caucasian

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, Balto { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 852 Luna St

Place of Death, Phthisis { Give Street and Number. }

Cause of Death, Ischemia { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Garrison Cemetery

Date of Burial, June 26 1887

{ Undertaker, Hercules Ross M. D. Medical Attendant, 677 Sharp St

{ Place of Business, 404 Cornways St Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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Health Department, City of Baltimore.

Permit No. A 628 Office of Registrar & Statistics.

Ward 4th

The Physician who attended any person in a last illness, is responsible for the accuracy of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 23/87

Full Name of Deceased, Rose, Storksdaal
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 76 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housewife

Birth Place, Ireland
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 60 y.

Place of Death, 1212 Jackson St
Old Age.
{ Give Street and Number. }

Cause of Death, General Debility & Paralysis
18 days.
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, June 27th 1887

Undertaker, Henry L. Means

Edward P. McDevitt M. D.

Medical Attendant.

Place of Business, #413 E. Fayette St Address, 208 Careyville St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 629 Office of Registrar of Vital Statistics. Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25 / 87.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jane Wynn

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 54 Years, _____ Months, _____ Days

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, { Give Street and Number. } 544 Mulberry St.

Cause of Death, { First (Primary), _____
Second (Immediate), Ag. Heart-disease

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 27th 1887

{ Undertaker, W. P. Morgan M. D. Medical Attendant.

{ Place of Business, 227 Mulberry St. Address, 315 W. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

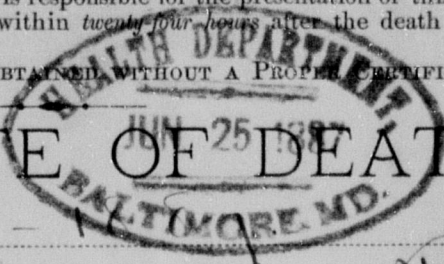
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 630 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 24th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna J. Turner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, One Year4, — Months, five Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, life time

Place of Death, { Give Street and Number. } # 16 17 Mulberry St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum.

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, June 26 / 87

{ Undertaker, M. A. Dargy } W. W. Wright M. D. Medical Attendant.

{ Place of Business, 229 S. Bay } Address, 220 N. Guilmore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]